



General Assembly

January Session, 2007

**Committee Bill No. 6700**

LCO No. 4683

\*04683HB06700PH\_\*

Referred to Committee on Public Health

Introduced by:  
(PH)

***AN ACT REVISING THE SCOPE OF PODIATRIC MEDICINE.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 20-54 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2007*):

3 (a) No person other than those described in section 20-57 and those  
4 to whom a license has been reissued as provided by section 20-59 shall  
5 engage in the practice of podiatry in this state until such person has  
6 presented to the department satisfactory evidence that such person has  
7 had a high school education or its equivalent, has received a diploma  
8 or other certificate of graduation from an accredited school or college  
9 of chiropody or podiatry approved by the Board of Examiners in  
10 Podiatry with the consent of the Commissioner of Public Health nor  
11 shall any person so practice until such person has obtained a license  
12 from the Department of Public Health after meeting the requirements  
13 of this chapter. A graduate of an approved school of chiropody or  
14 podiatry subsequent to July 1, 1947, shall present satisfactory evidence  
15 that he or she has been a resident student through not less than four  
16 graded courses of not less than thirty-two weeks each in such  
17 approved school and has received the degree of D.S.C., Doctor of

18 Surgical Chiropody, or Pod. D., Doctor of Podiatry, or other equivalent  
19 degree; and, if a graduate of an approved chiropody or podiatry school  
20 subsequent to July 1, 1951, that he or she has completed, before  
21 beginning the study of podiatry, a course of study of an academic year  
22 of not less than thirty-two weeks' duration in a college or scientific  
23 school approved by said board with the consent of the Commissioner  
24 of Public Health, which course included the study of chemistry and  
25 physics or biology; and if a graduate of an approved college of  
26 podiatry or podiatric medicine subsequent to July 1, 1971, that he or  
27 she has completed a course of study of two such prepodiatry college  
28 years, including the study of chemistry, physics or mathematics and  
29 biology, and that he or she received the degree of D.P.M., Doctor of  
30 Podiatric Medicine. No provision of this section shall be construed to  
31 prevent graduates of a podiatric college, approved by the Board of  
32 Examiners in Podiatry with the consent of the Commissioner of Public  
33 Health, from receiving practical training in podiatry in a residency  
34 program in an accredited hospital facility which program is accredited  
35 by the Council on Podiatric Education.

36 (b) A licensed podiatrist who is board qualified or certified by the  
37 American Board of Podiatric Surgery or the American Board of  
38 Podiatric Orthopedics and Primary Podiatric Medicine may engage in  
39 the medical and nonsurgical treatment of the ankle and the anatomical  
40 structures of the ankle, as well as the administration and prescription  
41 of drugs incidental thereto, and the nonsurgical treatment of  
42 manifestations of systemic diseases as they appear on the ankle. Such  
43 licensed podiatrist shall restrict treatment of displaced ankle fractures  
44 to the initial diagnosis and the initial attempt at closed reduction at the  
45 time of presentation and shall not treat tibial pilon fractures. For  
46 purposes of this [subsection] section, "ankle" means the distal  
47 metaphysis and epiphysis of the tibia and fibula, the articular cartilage  
48 of the distal tibia and distal fibula, the ligaments that connect the distal  
49 metaphysis and epiphysis of the tibia and fibula and the talus, and the  
50 portions of skin, subcutaneous tissue, fascia, muscles, tendons and  
51 nerves at or below the level of the myotendinous junction of the triceps

52 surae.

53 (c) No licensed podiatrist may independently engage in the surgical  
54 treatment of the ankle, including the surgical treatment of the  
55 anatomical structures of the ankle, as well as the administration and  
56 prescription of drugs incidental thereto, and the surgical treatment of  
57 manifestations of systemic diseases as they appear on the ankle, until  
58 such licensed podiatrist has obtained a permit from the Department of  
59 Public Health after meeting the requirements set forth in subsection (d)  
60 or (e) of this section, as appropriate. No licensed podiatrist who  
61 applies for a permit to independently engage in the surgical treatment  
62 of the ankle shall be issued such permit unless (1) the commissioner is  
63 satisfied that the applicant is in compliance with all requirements set  
64 forth in subsection (d) or (e) of this section, as appropriate, and (2) the  
65 application includes payment of a fee in the amount of one hundred  
66 dollars. For purposes of this section, "surgical treatment of the ankle"  
67 does not include the performance of total ankle replacements or the  
68 treatment of tibial pilon fractures.

69 (d) The Department of Public Health may issue a permit to  
70 independently engage in standard ankle surgery procedures to any  
71 licensed podiatrist who: (1) (A) Graduated on or after June 1, 2006,  
72 from a three-year residency program in podiatric medicine and  
73 surgery that was accredited by the Council on Podiatric Medical  
74 Education, or its successor organization, at the time of graduation, and  
75 (B) holds and maintains current board certification in reconstructive  
76 rearfoot ankle surgery by the American Board of Podiatric Surgery, or  
77 its successor organization; (2) (A) graduated on or after June 1, 2006,  
78 from a three-year residency program in podiatric medicine and  
79 surgery that was accredited by the Council on Podiatric Medical  
80 Education, or its successor organization, at the time of graduation, (B)  
81 is board qualified, but not board certified, in reconstructive rearfoot  
82 ankle surgery by the American Board of Podiatric Surgery, or its  
83 successor organization, and (C) provides documentation satisfactory to  
84 the department that such licensed podiatrist has completed acceptable

85 training and experience in standard or advanced midfoot, rearfoot and  
86 ankle procedures; or (3) (A) graduated before June 1, 2006, from a  
87 residency program in podiatric medicine and surgery that was at least  
88 two-years in length and was accredited by the Council on Podiatric  
89 Medical Education at the time of graduation, (B) holds and maintains  
90 current board certification in reconstructive rearfoot ankle surgery by  
91 the American Board of Podiatric Surgery, or its successor organization,  
92 and (C) provides documentation satisfactory to the department that  
93 such licensed podiatrist has completed acceptable training and  
94 experience in standard or advanced midfoot, rearfoot and ankle  
95 procedures; except that a licensed podiatrist who meets the  
96 qualifications of subdivision (2) of this subsection may not perform  
97 tibial and fibular osteotomies until such licensed podiatrist holds and  
98 maintains current board certification in reconstructive rearfoot ankle  
99 surgery by the American Board of Podiatric Medicine, or its successor  
100 organization. For purposes of this subsection, "standard ankle surgery  
101 procedures" includes soft tissue and osseous procedures.

102 (e) The Department of Public Health may issue a permit to  
103 independently engage in advanced ankle surgery procedures to any  
104 licensed podiatrist who has obtained a permit under subsection (d) of  
105 this section, or who meets the qualifications necessary to obtain a  
106 permit under said subsection (d), provided such licensed podiatrist: (1)  
107 (A) Graduated on or after June 1, 2006, from a three-year residency  
108 program in podiatric medicine and surgery that was accredited by the  
109 Council on Podiatric Medical Education, or its successor organization,  
110 at the time of graduation, (B) holds and maintains current board  
111 certification in reconstructive rearfoot ankle surgery by the American  
112 Board of Podiatric Surgery, or its successor organization, and (C)  
113 provides documentation satisfactory to the department that such  
114 licensed podiatrist has completed acceptable training and experience  
115 in advanced midfoot, rearfoot and ankle procedures; or (2) (A)  
116 graduated before June 1, 2006, from a residency program in podiatric  
117 medicine and surgery that was at least two-years in duration and was  
118 accredited by the Council on Podiatric Medical Education at the time

119 of graduation, (B) holds and maintains current board certification in  
120 reconstructive rearfoot ankle surgery by the American Board of  
121 Podiatric Surgery, or its successor organization, and (C) provides  
122 documentation satisfactory to the department that such licensed  
123 podiatrist has completed acceptable training and experience in  
124 advanced midfoot, rearfoot and ankle procedures. For purposes of this  
125 subsection, "advanced ankle surgery procedures" includes ankle  
126 fracture fixation, ankle fusion, ankle arthroscopy, insertion or removal  
127 of external fixation pins into or from the tibial diaphysis at or below  
128 the level of the myotendinous junction of the triceps surae, and  
129 insertion and removal of retrograde tibiototalcaneal intramedullary  
130 rods and locking screws up to the level of the myotendinous junction  
131 of the triceps surae, but does not include the surgical treatment of  
132 complications within the tibial diaphysis related to the use of such  
133 external fixation pins.

134 (f) A licensed podiatrist who (1) graduated from a residency  
135 program in podiatric medicine and surgery that was at least two years  
136 in duration and was accredited by the Council on Podiatric Medical  
137 Education, or its successor organization, at the time of graduation, and  
138 (2) (A) holds and maintains current board certification in  
139 reconstructive rearfoot ankle surgery by the American Board of  
140 Podiatric Surgery, or its successor organization, (B) is board qualified  
141 in reconstructive rearfoot ankle surgery by the American Board of  
142 Podiatric Surgery, or its successor organization, or (C) is board  
143 certified in foot and ankle surgery by the American Board of Podiatric  
144 Surgery, or its successor organization, may engage in the surgical  
145 treatment of the ankle, including standard and advanced ankle surgery  
146 procedures, without a permit issued by the department in accordance  
147 with subsection (d) or (e) of this section, provided such licensed  
148 podiatrist is performing such procedures under the direct supervision  
149 of a physician or surgeon licensed under chapter 370 who maintains  
150 hospital privileges to perform such procedures or under the direct  
151 supervision of a licensed podiatrist who has been issued a permit  
152 under the provisions of subsection (d) or (e) of this section, as

153 appropriate, to independently engage in standard or advanced ankle  
154 surgery procedures.

155 (g) The Commissioner of Public Health shall appoint an advisory  
156 committee to assist and advise the commissioner in evaluating  
157 applicants' training and experience in midfoot, rearfoot and ankle  
158 procedures for purposes of determining whether such applicants  
159 should be permitted to independently engage in standard or advanced  
160 ankle surgery procedures pursuant to subsection (d) or (e) of this  
161 section. The advisory committee shall consist of four members, two of  
162 whom shall be podiatrists recommended by the Connecticut Podiatric  
163 Medical Association and two of whom shall be orthopedic surgeons  
164 recommended by the Connecticut Orthopedic Society.

165 (h) The Commissioner of Public Health shall adopt regulations, in  
166 accordance with chapter 54, to implement the provisions of  
167 subsections (c) to (f), inclusive, of this section. Such regulations shall  
168 include, but not be limited to, the number and types of procedures  
169 required for an applicant's training or experience to be deemed  
170 acceptable for purposes of issuing a permit under subsection (d) or (e)  
171 of this section. In identifying the required number and types of  
172 procedures, the commissioner shall seek the advice and assistance of  
173 the advisory committee appointed under subsection (g) of this section  
174 and shall consider nationally recognized standards for accredited  
175 residency programs in podiatric medicine and surgery for midfoot,  
176 rearfoot and ankle procedures.

177 (i) The Department of Public Health's issuance of a permit to a  
178 licensed podiatrist to independently engage in the surgical treatment  
179 of the ankle shall not be construed to obligate a hospital or outpatient  
180 surgical facility to grant such licensed podiatrist privileges to perform  
181 such procedures at the hospital or outpatient surgical facility.

182 Sec. 2. Section 20-59 of the general statutes is repealed and the  
183 following is substituted in lieu thereof (*Effective October 1, 2007*):

184 The board may take any of the actions set forth in section 19a-17 for  
185 any of the following reasons: (1) Procurement of a license by fraud or  
186 material deception; (2) conviction in a court of competent jurisdiction,  
187 either within or without this state, of any crime in the practice of  
188 podiatry; (3) fraudulent or deceptive conduct in the course of  
189 professional services or activities; (4) illegal or incompetent or  
190 negligent conduct in the practice of podiatry; (5) habitual intemperance  
191 in the use of spirituous stimulants or addiction to the use of morphine,  
192 cocaine or other drugs having a similar effect; (6) aiding and abetting  
193 the practice of podiatry by an unlicensed person or a person whose  
194 license has been suspended or revoked; (7) mental illness or deficiency  
195 of the practitioner; (8) physical illness or loss of motor skill, including  
196 but not limited to, deterioration through the aging process, of the  
197 practitioner; (9) undertaking or engaging in any medical practice  
198 beyond the privileges and rights accorded to the practitioner of  
199 podiatry by the provisions of this chapter; (10) failure to maintain  
200 professional liability insurance or other indemnity against liability for  
201 professional malpractice as provided in subsection (a) of section 20-  
202 58a; (11) independently engaging in the performance of ankle surgery  
203 procedures without a permit, in violation of section 20-54, as amended  
204 by this act; or [(11)] (12) violation of any provision of this chapter or  
205 any regulation adopted hereunder. The Commissioner of Public  
206 Health may order a license holder to submit to a reasonable physical or  
207 mental examination if his physical or mental capacity to practice safely  
208 is the subject of an investigation. Said commissioner may petition the  
209 superior court for the judicial district of Hartford to enforce such order  
210 or any action taken pursuant to section 19a-17. The clerk of any court  
211 in this state in which a person practicing podiatry has been convicted  
212 of any crime shall, upon such conviction, make written report, in  
213 duplicate, to the Department of Public Health of the name and  
214 residence of such person, the crime of which such person was  
215 convicted and the date of conviction; and said department shall  
216 forward one of such duplicate reports to the board.

This act shall take effect as follows and shall amend the following sections:		
---	--	--

Section 1	<i>October 1, 2007</i>	20-54
Sec. 2	<i>October 1, 2007</i>	20-59

***Statement of Purpose:***

To revise the scope of podiatric medicine in accordance with the recommendations contained in the final report issued by the Commissioner of Public Health pursuant to section 2 of public act 06-160.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*

Co-Sponsors: REP. OLSON, 46th Dist.

H.B. 6700